

## STANDARD CERTIFICATE OF DEATH

State File No. **28570**

FILED SEP 13 1955

BIRTH NO.

REG. DIST. NO. **317**PRIMARY REG. DIST. NO. **500**Registrar's No. **2013**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Normandy, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Normandy, Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Immaculate Heart Home</b>		d. STREET ADDRESS (If rural, give location) <b>7626 Natural Bridge</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>AUGUSTA</b>		b. (Middle) <b>MOESER</b>	
c. (Last) <b>MOESER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Aug 27 1955</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Aug. 1, 1889</b>
9. AGE (In years last birthday) <b>64</b>		10. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Phillip Moeser Sr.</b>		13b. MOTHER'S MAIDEN NAME <b>Mathilda Berbrich</b>	
14. NAME OF HUSBAND OR WIFE <b>Single</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Walter Schneider</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. ADDRESS <b>4105 Virginia</b>	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertensive Cardiovascular disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b>	
ANTECEDENT CAUSES <b>And Arteriosclerotic heart disease</b>		2 years	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Bruise on forehead from fall. observed by roommate 10 min before death</b>	
DUE TO (c) <b>Generalized arteriosclerosis - edema Cardiovascular origin</b>		2 yrs	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4200 F</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>May 2, 1955</b> , to <b>Aug 27, 1955</b> , that I last saw the deceased alive on <b>Aug 24, 1955</b> , and that death occurred at <b>3:05 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Joseph V. Linnegan M.D.</b>		23b. ADDRESS <b>1325 S. Grand</b>	
23c. DATE SIGNED <b>8-27-55</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis, County, Mo.</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Aug. 30, 1955</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>New St. Marcus Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, County, Mo.</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm. Schumacher</b>		ADDRESS <b>3013 Meramec St.</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4746

P. O. Address. St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.